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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DIGITAL COMMUNICATIONS CONSULTANTS, L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith M. I	-laggerty		
	O	Name of Person)	
Digital Co	mmunications Co	onsultants, L.L.C.	
	(Firm/Company)	
P.O. Box	1597		
		(Address)	
Winter P	ark, FL 32790		
	(City,	State and Zip Code)	
	concerning this matter, please		
Keith M. Hagge		at (407) 366-83	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2006

KEITH M. HAGGERTY P.O. BOX 1597 WINTER PARK, FL 32790

SUBJECT: DIGITAL COMMUNICATIONS CONSULTANTS, L.L.C.

Ref. Number: W06000014377

We have received your document for DIGITAL COMMUNICATIONS CONSULTANTS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 20, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 306A00020315

ARTICLE I - I	Name:	Section 1	STREET,	
The name of the	E Limited Liability Con	apany is:	,	
Digital Comm	unications Consulta	nts, L.L.C.		
		ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II -	Address:			
The mailing add	lress and street address	of the principal office of the Limited Liability Com	pany is:	
Principal Office Address:		Mailing Address:		
Keith M. Haggerty		4040 5 5 6 1 1 71 00705	1018 Pearson Dr., Oviedo, FL 32765	
Keith M. Hagger	ty	1018 Pearson Dr., Oviedo, FL 32765		
		1018 Pearson Dr., Oviedo, FL 32765 1306 Bennett Rd., Orlando, FL 32803		
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Roy Company cannot serve as its an active Florida registration.	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another		
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Roy Company cannot serve as its an active Florida registration. The Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are:		
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Roy Company cannot serve as its an active Florida registration.	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are:		
ARTICLE III (The Limited Liability business entity with	- Registered Agent, Roy Company cannot serve as its an active Florida registration. The Florida street address	gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are: Name		
ARTICLE III (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration. The Florida street address Keith M. Haggert 1018 Pearson Description of the Property of t	gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another s of the registered agent are: Name		
ARTICLE III (The Limited Liability business entity with	Perty, Jr. - Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration. The Florida street address Keith M. Haggert 1018 Pearson Experience Coviedo,	agistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of the registered agent are: Name		

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Keith M. Haggerty
	1018 Pearson Dr. Oviedo, FL 32790
MGRM	Ronald J. Haggerty, Jr.
	1306 Bennett Rd. Orlando, FL 32803
(Use attachment if necessary)	(Lub)

ARTICLE V: Effective date, if other than the date of filing: Marchyl, 2006 4/7/06. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Keith M. Haggerty

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

06 APR -5 PM 1: 30